<u>s</u>	Yes	child because	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	" income, trantest consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of <i>i</i> they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on E	they mee
No C	Yes	closed. Have you	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chil	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS excluded
S	QUESTIONS		MATION — ANSWER EACH OF THESE	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	XCLU
the onse.	wered and Yes" respo	nust be ansv ₃d for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N N	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes	V. Did you liability (m <b>If yes, co</b>
No V	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No Z	<ul> <li>IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>	IV. Did yo or exchan \$1,000 du <b>If yes, co</b>
N N	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S D	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	III. Did you income of reportable If yes, co
No No	Yes	receive any the reporting )?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	<u>\$</u>	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	II. Did any lieu of pay reporting If yes, co
No No	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes	I. Did you fees) of \$ If yes, co
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH	RELIN
noie tiaii	je who nies i	30 days late.	Termination Date:		port / Annual (May 15, 2012) Amendment	Report Type
assessed	ty shall be	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	Member of the U.S. State: TW House of Representatives District: 04	Filer Status
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ERED	HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	WENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	UNITE
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Name
Jason
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Page 2

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Space Sabel	MA
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SP Ariba Stock (Schwab Find)		SP TRP Mid Cap Gouth	SP TRP Blue Chip Gowth	SP T. Rowe Prize 401(R), as follows	JT 1st Bank of Paducah, KY Accounts		SP, SP Mega Corp. Stock	For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thriftt Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value to reach asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.
					×	•	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	BLOCK B  Value of Asset  ndicate value of asset at close eporting year. If you use a valuation the other than fair market value lease specify the method used.  an asset was sold during the reporting an asset was sold during the reporting the reporting the reporting the reporting the value should be cause lenerated income, the value should be none."
	7	7	\ \		×	Royalties	×	NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column.  Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
					×	×		None          \$1 - \$200       =         \$201 - \$1,000       =         \$1,001 - \$2,500       ≤         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≤         \$15,001 - \$50,000       ≤         \$50,001 - \$100,000       ≤         \$100,001 - \$1,000,000       ×         \$1,000,001 - \$5,000,000       ×         Over \$5,000,000       ×	Amount of Income or assets for which you checked "Tax- leferred" in Block C, you may check the None" column. For all other assets, indi- ate the category of income by checking the appropriate box below. Dividends, iterest, and capital gains, even if sinvested, must be disclosed as ncome. Check "None" if no income was armed or generated.
							S (partial)	an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges \$1,000 in reporting year.  If only a portion of

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Jason Altmire

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					E																TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ē
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## SCHEDULE VIII—POSITIONS

Name Jason Altmirc

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Board Membership Lawrence Advisory Board Penn Sta Board Universi			
Lawrence County Social Services Renn State Beaver University of Pittsburgh Institute of Politics	University of Pittsburgh Institute of Politics		

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of